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FEE TRANSMITTAL
For FY 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
FEE TRANSMITTAL
For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 905.00)

Complete if Known

Application Number	10/771,242-Conf. #9212
Filing Date	February 2, 2004
First Named Inventor	Daniella I. ZHELEVA
Examiner Name	Chism, Billy D.
Art Unit	1654
Attorney Docket No.	CCI-014CP2RCE

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
 $25 - 99 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 $4 - 8 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$

Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

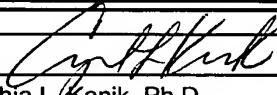
Non-English Specification, \$130 fee (no small entity discount)

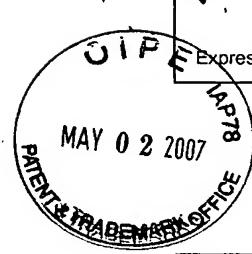
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ...
2253 Extension for response within third month)

395.00

510.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,320	Telephone	(617) 227-7400
Name (Print/Type)	Cynthia L. Kanik, Ph.D.			Date	May 2, 2007



Express Mail Label No. EV 957647247 US Dated: May 2, 2007

Docket No.: **CCI-014CP2RCE**
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Daniella I. Zheleva *et al.*

Application No.: 10/771,242

Confirmation No.: 9212

Filed: February 2, 2004

Art Unit: 1654

For: p21 PEPTIDES

Examiner: Chism, Billy D.

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CHANGE OF ATTORNEY DOCKET NUMBER

Dear Sir:

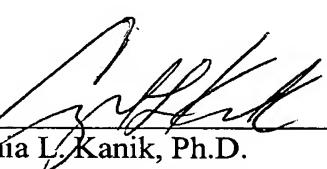
The Attorney Docket Number of the above-identified patent application has changed.
Please take notice that the Attorney Docket Number for this application should now be as follows:

CCI-014CP2RCE

Please reference **CCI-014CP2RCE** on all future correspondence.

Dated: May 2, 2007

Respectfully submitted,

By 
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